


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Large Entity)			Docket No. BMID9714CUS
In Re Application Of: Ueda et al.			
Serial No. 09/898,121	Filing Date July 3, 2001	Examiner To be Assigned	Group Art Unit 1642
Invention: CHIMERIC CELL-SURFACE RECEPTORS THAT UNDERGO ANTIGEN-INDUCED ASSOCIATION			
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>May 15, 2002</u> above-identified application. <div style="text-align: center; font-size: small;">Date</div>			
The requested extension is as follows (check time period desired): <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> One month <input type="checkbox"/> Two months <input type="checkbox"/> Three months <input checked="" type="checkbox"/> Four months <input type="checkbox"/> Five months </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> from: <u>July 15, 2002</u> until: <u>November 15, 2002</u> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <small>Date</small> <small>Date</small> </div>			
The fee for the extension of time is \$1,440 and is to be paid as follows: <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 02-2958 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 02-2958 A duplicate copy of this sheet is enclosed.			
 <div style="text-align: center; font-size: small;">Signature</div>		Dated: November 12, 2002	
Kenneth J. Waite, Reg. No. 45,189 Roche Diagnostics Corporation 9115 Hague Road, Bldg D P.O. Box 50457 Indianapolis, IN 46250-0457 Telephone: (317) 521-3104 Facsimile: (317) 521-2883		<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <div style="text-align: center; font-size: small;">Signature of Person Mailing Correspondence</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: center; font-size: small;">Typed or Printed Name of Person Mailing Correspondence</div> </div>	

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